



## Topic: Maternal Health

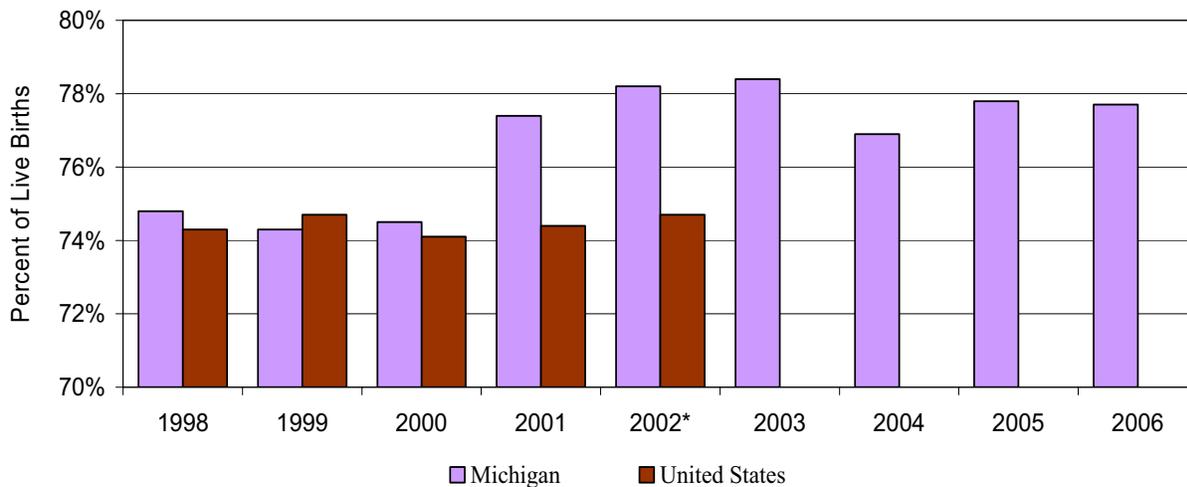
### 25. Adequacy of Prenatal Care

Adequate prenatal care, including initiating care in the first trimester and receiving regular care until delivery, can be an indicator of access to care and may result in fewer birth complications and healthier babies. Early prenatal care has a more significant impact for high-risk groups such as teens and low-income women.

The Kessner Index is a standard measure of prenatal care based on information obtained from birth certificates. It combines information on the month prenatal care began, the gestational age at birth, and the number of prenatal visits.

#### *How are we doing?*

**Percent of Live Births with Adequate Level of Prenatal Care**



\*U.S. prenatal care rates are not shown after 2002. Not all states implemented the 2003 revised birth certificate, resulting in data incompatibilities.

In 2006, 77.7% of live births in Michigan were to mothers with an adequate level of prenatal care. The percentage of mothers with adequate levels of prenatal care increased slightly over the past 10 years from 74.8% in 1998 to 77.7% in 2006. Michigan is slowly heading in the right direction.

#### *How does Michigan compare with the U.S.?*

The percentage of live births to mothers with an adequate level of prenatal care in Michigan is slightly higher than the U.S. level. In 2002, the most recent year for which national figures are available using the Kessner Index, 74.7% of mothers received adequate levels of prenatal care in the U.S compared to 76.2% in Michigan. At that time, Michigan was ranked 27th among the states for this indicator.

#### *How are different populations affected?*

In 2006, women age 30-34 and 35-39 years were most likely to start prenatal care in the first trimester (88.9% and 88.3%) while women under age 20 are least likely to initiate early prenatal care (68.2%). In



rates of adequate levels of prenatal care, Black women are least likely to receive adequate levels of care (69.8%) compared to Whites and other races (86.4% and 78.1%, respectively).

### ***What is the Department of Community Health doing to improve this indicator?***

The Department has different strategies and activities targeted to improving the timely and adequate prenatal care. The Maternal and Infant Health Program (MIHP) provides services to pregnant Medicaid beneficiaries identified as needing assistance to assure adequate and appropriate medical care and support services. Transportation to medical appointments and services is a frequently used service of MIHP.

The Prenatal Care Clinic program is a demonstration project designed to facilitate healthy pregnancy outcomes in high-risk communities around Kalamazoo. The current project is addressing bereavement and provides preconception home visits to families who have had a fetal or infant loss in Kalamazoo County. The project's goals are to prolong the pregnancy interval, plan the next pregnancy and reduce morbidity, and mortality in subsequent pregnancy outcomes.

The Department supports the Nurse Family Partnership. This is an evidence-based home visitation program that provides intensive prenatal care support and education services to first-time, low-income pregnant women to enroll them by 16 weeks of pregnancy, and no later than 28 weeks, in the Michigan cities of Benton Harbor, Detroit, Grand Rapids, Kalamazoo, and Pontiac. In order to reduce health disparities, African Americans are the major target population in Michigan, although services are not denied to any eligible recipient in the participating communities. Goals of the program include improving pregnancy outcomes by helping women engage in good preventive health practices, including thorough prenatal care from their healthcare providers, improving their diets and reducing use of cigarettes, alcohol and illegal substances.

The Department provides Healthy Kids Medicaid for pregnant women who need health insurance and meet the expanded income eligibility criteria. In this special program, women will have Medicaid coverage for health care services, including prenatal care through the second month postpartum for follow-up care.

The Department also provides another option for pregnant women when the criteria for Healthy Kids are not met. For instance, these women may qualify for the Maternity Outpatient Medical Services (MOMS) program which offers outpatient antepartum care and in-patient labor and delivery.

The WIC program refers pregnant women to healthcare and social services during pregnancy. Of Michigan women enrolled in WIC, 74.3% enter prenatal care during the first trimester. The WIC Division's Project FRESH provides access to Michigan-grown fruits and vegetables and nutrition education for low-income pregnant women.

The Department provides prenatal and perinatal testing services that assist in diagnosing life-threatening maternally-transmitted infectious diseases..

Finally, to encourage early access to prenatal care, the Title X Family Planning program offers care referrals to women at the time of a positive pregnancy test.